

# 2008 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

FILED

2003 NOV -7 PM 2:41

CLERK OF CIRCUIT COURT  
TALLAHASSEE, FLORIDA



11012008 Chg-LLC CR2E083 (12/06)

<b>DOCUMENT #</b> L07000071494 1. Entity Name COVE TITLE SERVICES LLC																																
Principal Place of Business 250 TEQUESTA DRIVE #200 TEQUESTA, FL 33469 US		Mailing Address PO BOX 3010 TEQUESTA, FL 33469 US																														
2. Principal Place of Business - No P.O. Box # 1340 U.S. Highway 1 Suite, Apt. #, etc. SUITE 102 City & State JUPITER, FLORIDA Zip 33469 Country USA	3. Mailing Address 1340 U.S. Highway 1 Suite, Apt. #, etc. SUITE 102 City & State JUPITER, FLORIDA Zip 33469 Country USA	4. FEI Number 26-0499492 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable																														
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		6. Name and Address of Current Registered Agent CIOFFI, JAMES A 250 TEQUESTA DRIVE #200 TEQUESTA, FL 33469																														
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE: <i>James A Cioffi</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>																														
Amended AR is \$50.00		Make check payable to Florida Department of State																														
9. MANAGING MEMBERS/MANAGERS <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 2px;">                             TITLE                              NAME                              STREET ADDRESS                              CITY-ST-ZIP                         </td> <td style="width: 50%; padding: 2px;">                             MGR                              CIOFFI, JAMES A                              250 TEQUESTA DRIVE #200                              TEQUESTA, FL 33469                         </td> <td style="text-align: right; padding: 2px;"> <input type="checkbox"/> Delete                         </td> </tr> <tr> <td style="padding: 2px;">                             TITLE                              NAME                              STREET ADDRESS                              CITY-ST-ZIP                         </td> <td style="padding: 2px;"></td> <td style="text-align: right; padding: 2px;"> <input type="checkbox"/> Delete                         </td> </tr> <tr> <td style="padding: 2px;">                             TITLE                              NAME                              STREET ADDRESS                              CITY-ST-ZIP                         </td> <td style="padding: 2px;"></td> <td style="text-align: right; padding: 2px;"> <input type="checkbox"/> Delete                         </td> </tr> <tr> <td style="padding: 2px;">                             TITLE                              NAME                              STREET ADDRESS                              CITY-ST-ZIP                         </td> <td style="padding: 2px;"></td> <td style="text-align: right; padding: 2px;"> <input type="checkbox"/> Delete                         </td> </tr> <tr> <td style="padding: 2px;">                             TITLE                              NAME                              STREET ADDRESS                              CITY-ST-ZIP                         </td> <td style="padding: 2px;"></td> <td style="text-align: right; padding: 2px;"> <input type="checkbox"/> Delete                         </td> </tr> <tr> <td style="padding: 2px;">                             TITLE                              NAME                              STREET ADDRESS                              CITY-ST-ZIP                         </td> <td style="padding: 2px;"></td> <td style="text-align: right; padding: 2px;"> <input type="checkbox"/> Delete                         </td> </tr> </table>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CIOFFI, JAMES A 250 TEQUESTA DRIVE #200 TEQUESTA, FL 33469	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	10. ADDITIONS/CHANGES <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 2px;">                             TITLE                              NAME                              STREET ADDRESS                              CITY-ST-ZIP                         </td> <td style="width: 50%; padding: 2px;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition                         </td> </tr> <tr> <td style="padding: 2px;"></td> <td style="padding: 2px; text-align: center;">                             100137738991                              11/07/08--01028--001 **50.00                         </td> </tr> <tr> <td style="padding: 2px;">                             TITLE                              NAME                              STREET ADDRESS                              CITY-ST-ZIP                         </td> <td style="padding: 2px;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition                         </td> </tr> <tr> <td style="padding: 2px;">                             TITLE                              NAME                              STREET ADDRESS                              CITY-ST-ZIP                         </td> <td style="padding: 2px;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition                         </td> </tr> <tr> <td style="padding: 2px;">                             TITLE                              NAME                              STREET ADDRESS                              CITY-ST-ZIP                         </td> <td style="padding: 2px;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition                         </td> </tr> <tr> <td style="padding: 2px;">                             TITLE                              NAME                              STREET ADDRESS                              CITY-ST-ZIP                         </td> <td style="padding: 2px;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition                         </td> </tr> </table>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		100137738991 11/07/08--01028--001 **50.00	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.																																
SIGNATURE: <i>James A Cioffi</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		Date: 10/31/2008 Daytime Phone #: 561-329-5954																														